PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/533050

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
_		· —	(Column	1)	((Column 2)					SWALL L	
U.S	NATIONAL S	TAGE FEES						RATE	FEE		RATE	FEE
BAS	IC FEE		SMALL ENT.	= \$ 150	LARG	E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FE		Satisfies PCT Ar (4) = \$50 /		e e	other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	300°
SEA	RCH FEE ,-		U.S. is ISA = \$ ALL other cou \$ 200 / \$ 4	ntries =	All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	SDD
FEE	FOR EXTRA S	PEC. PGS.	minu	ıs 100 =		/ 50 ≐		X \$ 125 =		'	X \$ 250 =	
τοτ	AL CHARGEAB	LE CLAIMS	13 min	ius 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	y m	inus 3 =	• 1			X \$ 100 =		OR	X \$ 200 =	30P
MUL	TIPLE DEPEND	DENŤ CLAIM PRE	SENT					+ \$ 180 =	•	OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	·
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	OTHER TH SMALL ENTITY OR SMALL EN				
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	- 2000	Minus	**		2		X \$ 25 =	•	OR	X \$ 50 =	
	Independent	· (W"	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	·.	(Column 4)		(Colu	2\	(Column 3)					•	
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMEN	Total	*	Minus	**		ė		X \$ 25 =		OR	X \$ 50 =	
AMENDM	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
_	FIRST PRES	ENTATION OF M	IULTIPLE DEPE	NDENT	CLAIM			+ \$ 180 =	·	OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

Date: March 3, 2006

MAIL STOP AMENDMENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

Frederick H. Hausheer

Conf. No.: 3276

: Group Art Unit: 1614

Appln. No.: 10/002,526

Examiner:

Phyllis G. Spivack

Filing Date: October 26, 2001

Attorney Docket No.: 066131-30US

(X-0211)

Title: METHOD FOR TREATING PATIENTS FOR RADIATION EXPOSURE

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment in the above-identified application.

[] Substitute Specification.

[X] Small Entity status:

[X] has previously been claimed/established.

[] is hereby claimed under 37 C.F.R. §1.27, as [] an Independent Inventor, or [] a Small Business Concern, or [] a Non-Profit Organization.

[X] A Petition for Extension to Time (1 month) is enclosed, along with the payment for the extension fee (\$60.00)

The additional claim fees have been calculated as follows:

					SMAL	L ENTITY	LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	24	(-)	20	4	x25	100.00	x50	
INDEP.	5	(-)	6	0	x100	0	x200	
I I IS PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						0	+\$360	
					TOTAL	\$100.00	TOTAL	

The additional claim fees and extension of time fee are being paid by:

- [X] A check in the amount of \$160.00.
- [X] Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. 066131.0030) as noted below. A duplicate copy of this sheet is enclosed.
 - [X] Any overpayments or deficiencies in the above-calculated fee.
 - Additional claim fee in the amount of \$___.00 as calculated above.
 - [X] Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.
 - [X] In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

CORRESPONDENCE ADDRESS

h 3 2006 By

(Date)

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Registration No. 27,363

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ASN:hg Enclosures